

9/13/01-90019-031-\$150.00-\$150.00

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **PO0000052622**

1. Entity Name
V+S ENTERPRISE SERVICES

Principal Place of Business Mailing Address
**22763 Meridiana Dr
Boca Raton, FL 33433**

2. Principal Place of Business 3. Mailing Address
22763 Meridiana Dr Same

City & State City & State
Boca Raton FL
Zip Country Zip Country
33433 Palm Beach

FILED
01 NOV -1 AM 11:20
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
A0085820

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
**Janet Johnson
22763 Meridiana Dr
Boca Raton, FL 33433**

7. Name and Address of New Registered Agent
**Patricia Pollari
Street Address (P.O. Box Number is Not Acceptable)
124 NW 63 Way
Pine Land, FL Zip Code 33067**

8. The above named entry submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE **Patricia Pollari** DATE **9-5-01**

9. This corporation is eligible to satisfy intangible Tax filing requirement and elects to do so. (See criteria on back) ☐ **FILE NOW!!! FEE IS \$150.00**
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **Janet Johnson** DATE **9/5/01** **454-632-6064**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

1 of 2

CR2E034 (1/7/00)

To whom it may concern,

Not Detach -

(2)

I did not receive the necessary reports for my business. Apparently the post office did not forward to my new address.

Thank you. Janet Johnson, President

Janet Johnson
10-8-01

V&J Enterprises & services